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SUBJECT: KWAZULU-NATAL PRIORITIZES HEALTH SERVICE DELIVERY

REF: A DURBAN 123; B DURBAN 53

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11. (SBU) Summary. KwaZulu-Natal (KZN) Department of Health (KZNDOH) is confronting the challenges of restoring its tarnished image (Ref A) and improving health services in the province with the highest rates of HIV and TB co-infection in the world. The new KZNDOH leader is a hands-on practitioner who has received wide political support and has set ambitious goals for improving health service delivery in KZN. End Summary.

New KZN MEC for Health

12. Sibongiseni Dhlomo was appointed by KZN Premier Zweli Mkhize in May 2009 as KZN MEC (Member of Executive Council, like a 'provincial minister') for Health. Dhlomo is a medical doctor who has practiced medicine and has worked as a public health lecturer. He also served as Municipal Health and Social Services Manager for the city of Durban and as the Mayor of Newcastle, a town in the KZN midlands. Dhlomo is credited for initiating a clinical research program that supplied ARV drugs to members of the South African Defense Force (SANDF). The project called Phidisa (which means 'to heal' in Setswana) is a collaboration among SANDF, South African Military Health Service (SAMHS), and the US Government's National Institutes of Health who provide funding as well. Dhlomo developed a good understanding of PEPFAR because of his work with SANDF through the SAMHS and, as a result, appreciates the assistance PEPFAR is providing in South Africa and KZN in particular. Dhlomo also understands that PEPFAR funding is finite and wants to ensure that KZNDOH is able to stand on its own when that time comes. He is a respected public servant and has garnered broad political support. (Ref B)

Daunting Challenges

13. (U) KZN faces some of the most severe socioeconomic challenges in South Africa. Thirty-four percent of its 10.3 million residents (21 percent of South Africa's entire population) live in 'hunger and fear of starvation,' according to KZN Department of Environmental Affairs and Rural Development (DEARD). KZN has the highest rate of diseases associated with underdevelopment and poverty and also has the highest mortality rate. KZN also has the highest HIV prevalence rate at 15.8

percent and has 3.3 million people who are living with HIV - more than half the total number nationwide. Three of the four districts nationwide with an HIV prevalence of near 40% are in KZN. Umkhanyakude district in northern KZN has the highest AIDS mortality rate in the country, according to Statistics South Africa. While tuberculosis is the leading cause of mortality in KZN, 70 percent of those infected with TB are co-infected with HIV. Life expectancy in KZN has dropped from 53 years in 1996 to 47 years in 2005 and, without intervention, is expected to drop to 37 years by 2010, according to DEARD.

Ambitious Plan of Action

14. (U) Dhlomo has identified improving health care delivery as one of KZNDOH's most important goals. 'Meeting the public's rising expectations for health is a marker of good governance and a solid route to stability and prosperity,' said Dhlomo during his July 30 inaugural budget speech. Using health Millennium Development Goals as a measure, KZNDOH hopes to halve the infant, child and maternal mortality rates by 2014; increase the availability of ARV treatment by 80 percent by 2014; reduce the number of new HIV infection rates by 50 percent by 2014; reach a TB cure rate of 85 percent and reduce new cases of TB by 50 percent by 2014. Dhlomo told a meeting of health managers on November 19 attended by Pol/Econ Assistant that Premier Mkhize has directed him to 'lead military-style interventions to reverse the rising tide of TB, treating all people known to have TB, ensuring strict adherence to treatment in an integrated approach.' To this end, KZNDOH received a budget of R17 billion (\$2.3 billion). In an effort led by Dhlomo to contain spending and repay the money it owes the province, however, KZNDOH has entered into an agreement with KZN Treasury to review its finances and develop a budget management plan.

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15. (U) KZNDOH will embark on a variety of health care initiatives this year. KZNDOH has developed the Phila Ma Project, a cervical cancer early screening and vaccination campaign. KZNDOH plans to support a national initiative that will support research studies to promote indigenous knowledge system and the use of appropriate traditional medicines. KZNDOH also plans to enhance its telemedicine program, whereby patients, specialists and clinicians are linked via video conference from the Nelson R Mandela School of Medicine during the academic term. KZNDOH will increase the bandwidth and connectivity in rural areas and will develop an ongoing training program for doctors and support courses in radiology, general surgery, obstetrics and gynecology, pediatrics, pediatric surgery, genetic counseling, and HIV management. KZNDOH also plans to create a Volunteer Corps of 4000 youth to help implement this ambitious plan.

16. (U) Dhlomo announced during a radio program on December 8 that KZNDOH will fund and implement King Goodwill Zwelithini's plan to reinstate male circumcision, which has not been practiced among the Zulu since it was banned by King Shaka. Circumcision studies give hope that reviving the practice among Zulu men may lead to a significant reduction in the HIV infection rate, said Dhlomo.

Dhlomo's Leadership Style

17. (SBU) Dhlomo has shown himself to be a hands-on manager.

Since his appointment, he has made several unannounced hospital visits to see for himself the state of KZN hospitals and interact with healthcare workers and patients. During a healthcare workers union strike in June, Dhlomo led a mediation team to address strikers' demands. Dhlomo negotiated with doctors to end the strike and also personally provided medical care in many hospitals in Durban and Pietermaritzburg during the strike action. Regional Secretary of National Education and Health Workers Union (NEHAWU) Khaye Nkwanyana who was part of the union delegation that met Dhlomo during the strike told Pol/Econ Assistant on June 26 that Dhlomo handled negotiations with `maturity and fairness. Dhlomo was a tough but reasonable negotiator who sympathized with doctors but was firm on the need to protect the interest of patients and the general public,' said Nkwanyana. The leader of the official opposition in the KZN legislature also praised Dhlomo for the manner in which he handled the strike.

18. (U) In contrast, during the 2007 public servants strike, which saw many hospitals shut down, former KZN MEC for Health Peggy Nkonyeni was heavily criticized by opposition parties and members of the public for her failure to deal decisively with the situation. Many hospitals saw violent clashes between striking workers and the police. There were also reported incidents of violence directed at non-striking health workers during this strike. The ANC, which was then led by Thabo Mbeki, accused the Congress of South African Trade Unions(COSATU) of calling for a strike to embarrass Mbeki's government. Many pro Zuma leaders including Nkonyeni were accused by the then-ANC Spokesperson Smuts Ngonyama of collaborating with COSATU during the strike to undermine Mbeki's government prior to the watershed ANC Polokwane conference. Nkonyeni denied the allegations.

19. (U) Responding to reports of ARV treatment shortages and excessive wait times for patients, Dhlomo made an emergency visit to Edendale Hospital outside Pietermaritzburg on June 1. After his visit, Dhlomo fired District Health Manager May Zuma-Mkhonza and Edendale Hospital Chief Executive Officer Ms. Dlamini and instructed Edendale staff to order immediately all drugs that were in short supply. By August 1, a new district health manager and hospital CEO were appointed and drugs had been procured. The leader of the official opposition in the KZN legislature Bonginkosi Buthelezi commended Dhlomo for his `quick intervention at Edendale and encouraged him to do the same at other problematic hospitals. Treatment Action Campaign

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Spokesperson Desmond Mpofu praised Dhlomo for his `swift action' at Edendale hospital.

Political Opposition

110. (SBU) Dhlomo's ambitious plan has the potential to make a lasting impact on healthcare service delivery in KZN. However, in his efforts to root-out corruption and implement his turn-around strategy in KZNDOH, Dhlomo might face resistance from senior managers still loyal to former MEC for Health Nkonyeni. Former Chief Operations Officer at KZNDOH Sipho Nkosi, who was removed from his position immediately after Dhlomo took over, accused Dhlomo of purging all managers who were appointed by Nkonyeni. `Dhlomo is dealing with incompetency in the department and is not interested in purging people for petty political reasons,' said Dhlomo Spokesperson Chris Maxon to Pol/Econ Assistant on October 29. `Dhlomo's consultative leadership will help him win over skeptics and those officials who are still loyal to Nkonyeni,' added Maxon.

Comment

¶11. (SBU) The support and respect that Dhlomo has so far received will go a long way in helping him improve KZNDOH. His straight-forwardness, decisiveness, frankness, and willingness to partner have brought a breath of fresh air to a department that was characterized by bad publicity, fear, and alleged mis-management and corruption. Unlike his predecessors, Dhlomo acknowledges the contributions of PEPFAR and seems eager to enhance that relationship.
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